



**National Voluntary
Consensus Standards
for Ambulatory Care**

Part 2

A
CONSENSUS
REPORT

This document includes the foreword, executive summary, and the measure specification appendixes A, B, and C from the National Quality Forum report *National Voluntary Consensus Standards for Ambulatory Care – Part 2*.

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NATIONAL QUALITY FORUM

Foreword

Most healthcare in this country is delivered in the outpatient, or ambulatory, setting. In fact, more than 1 billion patient encounters occur each year in this setting in the United States. But, this setting varies greatly, comprising such disparate venues as hospital emergency departments, physician offices, and ambulatory surgical centers. A wide range of illnesses and conditions are treated and numerous services are offered under this broad rubric. Accordingly, there is great demand for performance measures to evaluate the quality of ambulatory care in all of its permutations.

Given the complexity, breadth, and far-reaching nature of ambulatory care, the National Quality Forum (NQF) has pursued a multistage, multiyear project to seek consensus on standardized measures of outpatient care performance measures and reporting. This work initially led to the publication of *National Voluntary Consensus Standards for Ambulatory Care – Part 1*, which presents 101 national voluntary consensus standards in 10 priority areas.

This report builds upon NQF's earlier work in the ambulatory arena by addressing other aspects of care, including patient experience with care and special settings of care. It also includes measures to address healthcare disparities and recommendations for measure implementation. These measures have been carefully reviewed and endorsed by a diverse group of stakeholders pursuant to NQF's formal Consensus Development Process, giving them the special legal status of voluntary consensus standards.

We thank the Robert Wood Johnson Foundation for its generous and comprehensive support of this project. We also thank the multiple Steering Committees and their Technical Advisory Panels for their stewardship of this complex project and NQF Members for their active participation in it.



Janet M. Corrigan, PhD, MBA
President and Chief Executive Officer

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National Voluntary Consensus Standards for Ambulatory Care—Part 2

Executive Summary

Ambulatory care settings such as physician offices, freestanding ambulatory surgical centers (ASCs), and hospital emergency departments play a critical role in the U.S. healthcare system. With more than a billion visits to physician offices and hospital outpatient and emergency departments taking place each year, ambulatory (outpatient) care embraces a wide range of health conditions, services, and settings, and is the primary site in the United States where patients receive care. The demand for performance measures to evaluate all aspects of ambulatory care, including various settings of care, is growing rapidly.

The National Quality Forum's (NQF's) "Ambulatory Care" project is a multistage endeavor that seeks consensus on standardized measures of outpatient care performance measures and reporting. *National Voluntary Consensus Standards for Ambulatory Care—Part 1* presented 101 consensus standards in the following 10 priority areas: asthma/respiratory illness; bone and joint conditions; diabetes; heart disease; hypertension; medication management; mental health and substance use disorders; obesity; prenatal care; and prevention, immunization, and screening. Part 1 also presented research recommendations for each of these areas as well as a definition and framework for measuring care coordination.

This second volume presents additional work addressing other aspects of ambulatory care, including patient experience with care and special settings of care (ASCs). It also includes measures to address healthcare disparities and recommendations for measure

implementation. The purpose of all the consensus standards and recommendations presented is to improve the quality of ambulatory care through accountability and public reporting and by standardizing quality measurement that describes performance in ambulatory care settings. The performance measures presented are suitable for accountability; are derived from all data sources; are fully developed and precisely specified; and are fully open source.

Patient Experience with Care

Following the introductory chapter, in chapter 2, this report presents seven instruments to evaluate patient experience with ambulatory care at various levels of analysis (clinician, group, health plan):

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group Survey - adult, pediatric, specialist versions;
- CAHPS Health Plan Survey v. 4.0 Adult Questionnaire;
- National Committee for Quality Assurance (NCQA) Supplemental Questions to CAHPS 4.0 Health Plan Survey (CAHPS 4.0H);
- CAHPS Child Survey v. 3.0 Children with Chronic Conditions Supplement;
- Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions);
- Promoting Healthy Development Survey (PHDS); and
- Young Adult Health Care Survey (YAHCS).

Special Settings of Care: Ambulatory Surgical Centers

In chapter 3, this report presents five facility-level patient safety measures appropriate to evaluate performance in ASCs:

- patient burn;
- prophylactic intravenous antibiotic timing;
- hospital transfer/admission;
- patient fall; and
- wrong site, wrong side, wrong patient, wrong procedure, wrong implant.

Additionally, the report presents four clinician-level measures that may be applied to procedures performed in ASCs:

- selection of prophylactic antibiotic, first- or second-generation cephalosporin;
- timing of prophylactic antibiotics, ordering physician;
- timing of prophylactic antibiotics, administering physician; and
- discontinuation of prophylactic antibiotics, non-cardiac procedures.

Addressing Healthcare Disparities

All Americans should receive quality healthcare, regardless of race, ethnicity, age, socioeconomic status, insurance status, or gender. Unfortunately, significant healthcare disparities based on these characteristics persist and in some cases are getting worse. Addressing issues of quality within vulnerable patient populations is the overarching and highest priority within

each of the 23 NQF-endorsed™ national priority areas for healthcare quality improvement.

Because patients in the United States receive most of their healthcare in ambulatory settings, uncovering healthcare disparities in ambulatory care settings could drive quality improvement to close the gap. Accordingly, the Robert Wood Johnson Foundation designated disparities as one of two additional priority areas for NQF's "Ambulatory Care" project and asked NQF to examine the measures

considered in this project through the lens of healthcare disparities.

The measures and recommendations presented in this report in chapter 4 for healthcare disparities can be applied nationally and locally to identify disparities-sensitive underperformance of the healthcare system so that targeted strategies can be developed to reduce disparities quickly. They represent a step toward integrating the reduction of healthcare disparities into the larger quality measurement and public reporting agenda.

National Voluntary Consensus Standards for Ambulatory Care: Measuring Healthcare Disparities (National Approach)

PRIORITY AREA	MEASURE TITLE
Asthma	Use of appropriate medications for people with asthma
Asthma	Asthma: pharmacologic therapy
Diabetes	HbA1c test for pediatric patients
Diabetes	Percentage of patients with at least one LDL-C test
Diabetes	Percentage of patients who received a dilated eye exam or seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist or imaging validated to match diagnosis from these photos during the reporting year, or during the prior year, if patient is at low risk for retinopathy
Diabetes	Percentage of eligible patients receiving at least one foot exam
Diabetes	Percentage of patients with one or more A1c test(s)
Diabetes	Percentage of patients with most recent A1c level >9.0% (poor control)
Diabetes	Percentage of patients with most recent blood pressure <140/80 mm Hg
Diabetes	Percentage of patients with at least one test for microalbumin during the measurement year; or who had evidence of medical attention for existing nephropathy (diagnosis of nephropathy or documentation of microalbuminuria or albuminuria)
Heart disease	Coronary artery disease (CAD): angiotensin-converting enzyme inhibitor (ACE inhibitor)/angiotensin receptor blocker (ARB) therapy
Heart disease	CAD: beta blocker therapy—prior myocardial infarction
Heart disease	CAD: beta blocker treatment after a heart attack
Ischemic vascular disease (IVD): complete lipid profile and LDL control <100	IVD: patients with a full lipid profile completed during the 12-month measurement period with date of each component of the profile documented; LDL-C<100

(more)

National Voluntary Consensus Standards for Ambulatory Care: Measuring Healthcare Disparities (National Approach) (continued)

PRIORITY AREA	MEASURE TITLE
Heart disease	Heart failure—left ventricular function (LVF) assessment
Heart disease	Heart failure: ACE inhibitor/ARB therapy
Hypertension	Controlling high blood pressure
Medication management	Drugs to be avoided in the elderly a. Patients who receive at least one drug to be avoided b. Patients who receive at least two different drugs to be avoided
Mental health and substance use	Antidepressant medication management
Mental health and substance use	Initiation and engagement of alcohol and other drug dependence treatment
Prenatal care	Prenatal screening for HIV
Prenatal care	Prenatal anti-D immune globulin
Prenatal care	Prenatal blood group and type
Prenatal care	Prenatal D antibody testing
Immunization	Childhood immunization status
Immunization	Flu shots for adults ages 50 to 64
Immunization	Flu shot for older adults
Immunization	Pneumonia vaccination status for older adults
Screening	Breast cancer screening
Screening	Cervical cancer screening
Screening	Colorectal cancer screening
Prevention	Smoking cessation—medical assistance a. Advising smokers to quit b. Discussing smoking cessation medications c. Discussing smoking cessation strategies
Prevention	Measure pair a. Tobacco use assessment b. Tobacco cessation intervention
Prevention	Measure pair a. Tobacco use prevention for infants, children, and adolescents b. Tobacco use cessation for infants, children, and adolescents
Patient experience with care	Ambulatory Consumer Assessment of Healthcare Providers and Systems (ACAHPS®)

National Voluntary Consensus Standards for Ambulatory Care: Measuring Healthcare Disparities (Local Approach)

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY PREVENTION QUALITY INDICATORS

PQI 1	Diabetes, short-term complications
PQI 2	Perforated appendicitis
PQI 3	Diabetes, long-term complications
PQI 5	Chronic obstructive pulmonary disease
PQI 7	Hypertension
PQI 8	Congestive heart failure
PQI 9	Low birth weight
PQI 10	Dehydration
PQI 11	Bacterial pneumonia
PQI 12	Urinary infections
PQI 13	Angina without procedure
PQI 14	Uncontrolled diabetes
PQI 15	Adult asthma
PQI 16	Lower extremity amputations among patients with diabetes

Implementation

Chapter 5 presents guidance in the form of a road map for implementing the ambulatory care consensus standards based on the recommendations of the Implementation Technical Advisory Panel (TAP). The TAP had identified the numerous challenges confronting clinician-level measurement; identified long-term goals; and provided recommendations for getting started.

The recommendations address a wide variety of issues, including data sources, auditing and data verification, implementation rules, and feedback. Progress along the road map was reviewed after 18 months during an NQF-sponsored conference, “Implementing Measures of Ambulatory Care,” held in Washington, D.C., held in 2006.

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Appendix A

Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Patient Experience with Care

This appendix contains a brief summary of each survey instrument's characteristics and administrative instructions. The full survey tool and administrative specifications are available by following the links that are provided. Additional information about each survey can be found on the measure developer's web site.

1. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group Survey

- Adult Primary Care
- Child Primary Care Questionnaire
- Adult Specialty Care Questionnaire

Source: Agency for Healthcare Research and Quality (AHRQ)

Date of Last Review/Update: July 2006

Proprietary Status: Public domain

Description: Self-reported survey that assesses the quality of adult ambulatory primary care provided by medical groups and/or individual clinicians

MEASURE SPECIFICATIONS – SURVEY CHARACTERISTICS

Download Survey Tool and Instructions: [www.qualityforum.org/pdf/ambulatory/txCahpsC&Gall3\(onepager&specs&survey\)03-23-07.pdf](http://www.qualityforum.org/pdf/ambulatory/txCahpsC&Gall3(onepager&specs&survey)03-23-07.pdf)

Measure Developer/Instrument Web Site: www.cahps.ahrq.gov/content/products/CG/PROD_CG_CG40Products.asp

Domains: Getting Appointments and Health Care When Needed (Q6, Q8, Q10, Q12, & Q13), How Well Doctors Communicate (Q14, Q15, Q17, Q18, Q19, & Q20), Courteous and Helpful Office Staff (Q24 & Q25)

Number of Questions:

- **Adult Primary Care Questionnaire:** The survey instrument consists of 37 core items and 64 supplemental items.
- **Adult Specialty Care Questionnaire:** The survey instrument consists of 37 core items and 20 supplemental items.
- **Child Primary Care Questionnaire:** The survey instrument consists of 36 core items and 16 supplemental items.

Survey Population:

- **Adult Primary Care Questionnaire:** Adult patients (≥ 18 years) who received outpatient primary care from any of the doctors who are the subject of the survey
- **Adult Specialty Care Questionnaire:** Adult patients (≥ 18 years) who received care from any of the specialist doctors who are the subject of the survey
- **Child Primary Care Questionnaire:** Parents or guardians of children who received care from any of the doctors who are the subject of the survey

Reporting: Clinician and group

Level of Analysis: Clinician and group

MEASURE SPECIFICATIONS – SURVEY ADMINISTRATION

Sampling Specifications: Random sample of eligible patients. How many patients should be in the initial sample per physician should be determined based on the number of performance levels at which physicians are to be distinguished, desired level of confidence about these distinctions, expected amounts and types of variability in survey scores, and expected response rates.¹ Reports of survey data should make public statistical confidence levels and other aspects of survey and analysis methods.

Survey Administration: Mail only, telephone only, and mixed mail/telephone modes of administration are specified.

Scoring Instructions: Provided for global rating and three domain-level composite scores.

Reporting Instructions: Guidance on reporting is provided.

¹Field test analyses indicate that with a sample size of 30 patients per physician (e.g., initial sample size of 100 patients per physician and an average response rate of 30 percent), a few test sites yielded reliability estimates that were sufficiently high to produce performance group distinctions that their users considered sufficient. At other sites, a sample size of 45 patients per physician (e.g., initial sample sizes of 113 patients per physician and average response rates of 40 percent) were required to make the desired numbers of distinctions.

2. CAHPS Health Plan Survey v. 4.0 (CAHPS 4.0)

Source: AHRQ CAHPS Study Team and National Committee for Quality Assurance (NCQA)

Date of Last Review/Update: 2006

Proprietary Status: Public Domain

Description: The CAHPS Health Plan (HP) Survey v. 4.0 asks adult health plan members to report on and rate the quality of care and services they receive. Available in both English and Spanish, it consists of core items, which ensure standardization across survey sponsors. Sponsors may add supplemental items to meet their specific needs. CAHPS v. 4.0 focuses on health plan questions. It reduces the number of clinician group questions and adds new questions in other domains.

MEASURE SPECIFICATIONS – SURVEY CHARACTERISTICS

Download Survey Tool and Instructions: [www.qualityforum.org/pdf/ambulatory/txCahps40Hall\(onepager&specs&survey\)03-23-07.pdf](http://www.qualityforum.org/pdf/ambulatory/txCahps40Hall(onepager&specs&survey)03-23-07.pdf)

Measure Developer/Instrument Web Site:

www.cahps.ahrq.gov/cahpskit/Healthplan/HPChooseQx2.asp

www.cahps.ahrq.gov/content/products/HP3/PROD_HP3_NCQA.asp?p=1021&s=211

Domains: CAHPS Core provides 4 global ratings of health plan characteristics, and 4 composites. Composite measure domains are: getting care quickly; getting needed care; doctor communication; customer service; and paperwork.

Number of Questions: CAHPS v. 4.0 core survey includes 29–30 questions plus demographic information.

Survey Population: Adult health plan members

Reporting: Plan-level information is reported; CAHPS 3.0 has been in widespread use for public reporting. Data are available through NCQA and through the National CAHPS Benchmarking Database. Similar reporting is expected from CAHPS 4.0.

Level of Analysis: Health plan – HMO, PPO, Medicare, Medicaid, commercial

Recent Modifications: According to AHRQ, the CAHPS v. 4.0H draft survey for the field test differed from CAHPS v. 3.0H in several ways:

- Response sets and wording of items were changed to ensure better comprehension among diverse populations.
- Some items were dropped to allow focus on content of greater relevance and subject to greater influence by health plans, e.g., composite, Courtesy and Helpfulness of Office Staff, was dropped.
- New content added to the NCQA supplement describes a health plan's role in offering information and care management to members: Shared Decision Making; Health Promotion and Education; Coordination of Care; Information on Costs of Care; Information on Costs of Prescriptions; Information for Provider Choice.

MEASURE SPECIFICATIONS – SURVEY ADMINISTRATION

A comprehensive administrative toolkit is available now for CAHPS v. 3.0 and is anticipated for HP-CAHPS v. 4.0. Sampling and administration instructions remain largely unchanged.

Sampling Specifications: Specific sampling protocols are provided, as are methods for identifying eligible respondents when only policy holders are known. The population to be surveyed is comprised of plan members who have had continuous enrollment in a health plan for a specified period of time. That time period depends on the source of coverage: commercial, Medicaid, or Medicare.

Survey Administration: CAHPS can be administered in a mixed mail only, mail/phone model, or telephone only. (Data presented to NQF are from mail mode administration.)

Scoring Instructions: Scoring instructions are provided in the toolkit.

Reporting Instructions: Guidance on reporting measures is provided in a comprehensive toolkit. Technical assistance is also available.

3. NCQA Supplemental Questions to CAHPS Health Plan Survey v. 4.0H

Source: NCQA

Date of Last Review/Update: 2006

Proprietary Status: Public domain

Description: The NCQA version of CAHPS includes supplemental questions that have been tested as part of the CAHPS development process, as well as instructions for administration, analysis, and reporting. The NCQA version is called CAHPS 4.0H and includes slightly modified administration protocols.

MEASURE SPECIFICATIONS – SURVEY CHARACTERISTICS

Download Survey Tool and Instructions: [www.qualityforum.org/pdf/ambulatory/txCAHPS40HALL\(onepager&specs&survey\)03-23-07.pdf](http://www.qualityforum.org/pdf/ambulatory/txCAHPS40HALL(onepager&specs&survey)03-23-07.pdf)

Survey Instrument Available at Measure Developer/Instrument Web Site:

www.cahps.ahrq.gov/cahpskit/Healthplan/HPChooseQx2.asp

www.cahps.ahrq.gov/content/products/HP3/PROD_HP3_NCQA.asp?p=1021&s=211

Domains: NCQA supplemental questions yield additional composites on shared decisionmaking, claims processing, and plan information on cost. Additional questions are added in the NCQA version of the customer service composite measure.

Number of Questions: The NCQA supplement includes approximately 20 questions.

Reporting: Plan-level information is reported; CAHPS v. 3.0 has been in widespread use for public reporting. Data are available through NCQA and through the National CAHPS Benchmarking Database. Similar reporting is expected from CAHPS v. 4.0.

Level of Analysis: Health plan – HMO, PPO, Medicare, Medicaid, commercial

Recent Modifications: According to AHRQ, the CAHPS v. 4.0H draft survey for the field test differed from CAHPS v. 3.0H in several ways:

- Response sets and wording of items were changed to ensure better comprehension among diverse populations.
- Some items were dropped to allow focus on content of greater relevance and subject to greater influence by health plans, e.g., composite, Courtesy and Helpfulness of Office Staff, was dropped.
- New content added to the NCQA supplement describes the health plan's role in offering information and care management to members: Shared Decision Making; Health Promotion and Education; Coordination of Care; Information on Costs of Care; Information on Costs of Prescriptions; Information for Provider Choice.

MEASURE SPECIFICATIONS – SURVEY ADMINISTRATION

A comprehensive administrative toolkit is available now for CAHPS v. 3.0 and is anticipated for HP-CAHPS v. 4.0. Sampling and administration instructions will remain largely unchanged.

Sampling Specifications: Specific sampling protocols are provided, as are methods for identifying eligible respondents when only policy holders are known. The population to be surveyed is comprised of plan members who have had continuous enrollment in a health plan for a specified period of time. That time period depends on the source of coverage: commercial, Medicaid, or Medicare.

Survey Administration: CAHPS can be administered in a mixed mail only, mail/phone model, or telephone only. (Data presented to NQF are from mail mode administration.)

Scoring Instructions: Scoring instructions are provided in the toolkit.

Reporting Instructions: Guidance on reporting measures is provided in a comprehensive toolkit. Technical assistance is also available.

4. CAHPS Child Survey v. 3.0 Children with Chronic Conditions Supplemental Questions

Source: AHRQ CAHPS Study Team in collaboration with The Child and Adolescent Health Measurement Initiative (CAHMI)

Date of Last Review/Update: 2006

Proprietary Status: Public Domain

Description: The CAHPS Children with Chronic Conditions supplemental set consists of 31 questions that supplement the CAHPS Child Survey v. 3.0 Medicaid and Commercial Core Surveys. The set also includes the CAHMI CSHCN Screener, a 5-item, non-condition-specific screener for identification of children who experience current health or healthcare use consequences due to a health condition that has lasted or is expected to last for at least 12 months. The set enables health plans to: identify children who have chronic conditions; assess their experience with the healthcare system; and compare it to the experiences of similar children in other health plans and/or children without chronic conditions in the same plan.

MEASURE SPECIFICATIONS – SURVEY CHARACTERISTICS

Download Survey Tool and Instructions: [www.qualityforum.org/pdf/ambulatory/txCAHPSCHILDCCALL\(onepager&specs&survey\)03-23-07.pdf](http://www.qualityforum.org/pdf/ambulatory/txCAHPSCHILDCCALL(onepager&specs&survey)03-23-07.pdf)

Survey Instrument Available at Measure Developer/Instrument Web Site: www.ahrq.gov/chtoolbx/measure2.htm#cahpsexpandedsurvey

Domains: The survey supplements the core domains of the CAHPS Child Survey. Supplemental domains include: access to prescription medicines; access to specialized services; family-centered care: having a personal doctor or nurse who knows the child; shared decisionmaking; getting needed information; and coordination of care and services.

Number of Questions: Supplemental items include 31 questions plus 5 screener questions.

Reporting: Plan level information is reported.

Level of Analysis: Health plan – HMO, PPO, Medicaid, commercial. The CSHCN Screener and many of the other supplemental items are also included in national surveys.

MEASURE SPECIFICATIONS – SURVEY ADMINISTRATION

A comprehensive administrative toolkit is available for CAHPS v. 3.0 Child Commercial and Medicaid versions.

Sampling Specifications: Users are instructed to follow guidelines in the document: *Fielding the CAHPS Health Plan Survey- Medicaid Questionnaires: Sampling Guidelines and Protocols for Surveying Adults and Children*. Additional sampling protocols have been published in the literature.

Survey Administration: CAHPS can be administered in a mixed mail only or mail/phone model.

Scoring Instructions: Scoring instructions are provided in the CAHPS toolkit.

Reporting Instructions: Guidance on reporting measures is provided in a comprehensive toolkit. Technical assistance is also available.

5. Experience of Care and Health Outcomes (ECHO) Survey

Source: AHRQ

Date of Last Review/Update: 2004

Proprietary Status: Public Domain

Description: Survey measure of patient experiences with behavioral healthcare (mental health and substance abuse treatment) and the organization that provides or manages the treatment and health outcomes.

MEASURE SPECIFICATION – SURVEY CHARACTERISTICS

Download Survey Tool and Instructions: [www.qualityforum.org/pdf/ambulatory/txECHOALL\(onepager&specs&survey\)03-23-07.pdf](http://www.qualityforum.org/pdf/ambulatory/txECHOALL(onepager&specs&survey)03-23-07.pdf)

Measure Developer/Instrument Web Site: www.cahps.ahrq.gov/content/products/ECHO/PROD_ECHO_MBHO.asp?p=1021&s=214

Multiple Versions/Combinations Are Available: adult, pediatric, health plan, managed behavioral health organization (MBHO), English and Spanish. There are small variations in the question count for various surveys.

Domains: Survey domains support reporting of the following composite measures: getting treatment quickly; how well clinicians communicate; getting treatment and information from the MBHO; perceived improvement; and information about treatment options. A number of single-item measures are also included that address issues such as wait times, medication- and condition-specific education, inclusion of family and friends, patient rights, privacy, and cultural competency.

Number of Questions: 52 questions including patient demographic information

Survey Population: Eligible respondents are health plan or MBHO patients who have been continuously reenrolled for the past 12 months, 18 years or older, with diagnostic or procedural code in administrative records indicating receipt of behavioral health services in the past 12 months.

Enrollees who received behavioral health services only in primary care settings (e.g., psychotropic medications from their primary care physician) are not included.

Reporting: Plan-level information is reported.

Level of Analysis: Health plan. The survey may be administered in managed care plans or managed behavioral health plans.

MEASURE SPECIFICATION – SURVEY ADMINISTRATION

Sampling Specifications: Eligible respondents are health plan or MBHO patients who have been continuously reenrolled for the past 12 months, 18 years or older, with diagnostic or procedural code in administrative records indicating receipt of behavioral health services in the past 12 months. Enrollees who received behavioral health services only in primary care settings are not included.

Survey Administration: Survey is available in English and Spanish and adult/child versions. Survey may be administered by mail, phone, or Internet. A variety of protocols are offered to protect confidentiality of eligible candidates. Template communications and scripts are provided.

Scoring Instructions: Scoring methods are provided through instructions for adapting CAHPS scoring protocols.

Reporting Instructions: Guidance on reporting measures is provided in a comprehensive toolkit. The format is based on CAHPS.

6. Promoting Healthy Development Survey (PHDS)

Source: The Child and Adolescent Health Measurement Initiative (CAHMI), Oregon Health & Science University

Date of Last Review/Update: November 2006

Proprietary Status: Privately developed for public use

Description: The Promoting Healthy Development Survey (PHDS) is a parent survey that can be used by healthcare providers, health systems, Medicaid agencies, and other stakeholders to measure and improve the quality of preventive and developmental care. Three modules are available PHDS (mail, English/Spanish), PHDS-Plus (phone), and Pro-PHDS (reduced item mail or on site in practitioner office, English/Spanish). The survey is given to parents of children ages 3 to 48 months and assesses recommended, clinical aspects of developmental care that are provided in the context of discussions between the healthcare provider and the parent, including parent experience with care.

MEASURE SPECIFICATIONS – SURVEY CHARACTERISTICS

Download Survey Tool and Instructions: [www.qualityforum.org/pdf/ambulatory/txPHDSALL\(onepager&specs&survey\)03-23-07.pdf](http://www.qualityforum.org/pdf/ambulatory/txPHDSALL(onepager&specs&survey)03-23-07.pdf)

Survey Instrument Available at Measure Developer/Instrument Web Site:

www.ahrq.gov/cftoolbx/measure6.htm#availability

<http://dch.ohsuhealth.com//index.cfm?cfid=58936&cftoken=84206894&pageid=459§ionID=133>

Domains: The following measures of quality care can be gathered and scored using PHDS and PHDS-Plus: provision of anticipatory guidance and parental education by a doctor or other health provider; provider asks about and addresses parents' concerns about their child's learning, development, and behavior; whether the parent completed a standardized developmental and behavioral screening tool during well-child care visits; provision of basic follow-up care for children identified as being at risk for developmental, behavioral, or social problems; assessment of psychosocial well-being and safety in the family; assessment of smoking, drug, and alcohol use and safety in the family; family-centered care (communication, respect, partnership, cultural sensitivity, etc.); provision of health information; helpfulness of care; effect of care provided; care coordination; provision of information about resources in the community that can support parents.

Number of Questions: 43 items in standard PHDS; the PHDS-Plus enhanced telephone version is available, as is the "In Office PHDS" reduced item version. English and Spanish versions are available.

Reporting: PHDS data have been used for quality measurement and practice/policy improvement at the provider, office, medical group, health plan, state, and national levels.

Level of Analysis: Physician, office, medical group, health plan, community, state, national, and by child and parent health and socioeconomic characteristics

MEASURE SPECIFICATIONS – ADMINISTRATION

Sampling Specifications: Full administrative specifications including sampling, scoring, and detailed administration and reporting scripts and templates for the full and reduced item PHDS are available on the CAHMI or the Commonwealth Fund web sites and on AHRQ's ChildHealth Toolbox web site. Detailed sampling instructions are provided for survey administration for group or provider level administration. In general, sample size required is 35-50 completed surveys over several months per healthcare provider. Scripts are provided for office staff.

Survey Administration: Survey can be administered by mail or phone. Online administration options are also available.

Scoring Instructions: Scoring protocol, data dictionary, and response variables provided.

Reporting Instructions: Detailed instructions are provided for reporting PHDS findings to parents and providers for purposes of motivating and informing improvements in care. Templates are available.

7. Young Adult Health Care Survey (YAHCS)

Source: CAHMI, Oregon Health & Science University

Proprietary Status: Privately developed for public use

Description: The Young Adult Health Care Survey (YAHCS) is a 54-item teen survey that assesses whether young adults (aged 14 and older) are receiving nationally recommended preventive services. The YAHCS can be administered by mail, phone, or online. To date, the YAHCS has been administered by several state Medicaid agencies at the health plan level of analysis as well as nationally in an online survey sponsored by the Robert Wood Johnson Foundation. The YAHCS also includes a screener for chronic conditions (CSHCN Screener) and health status (CHIP-AE), allowing identification and stratification of scores for youth with special healthcare needs as well as by sociodemographic subgroups of youth.

MEASURE SPECIFICATIONS – SURVEY CHARACTERISTICS

Download Survey Tool and Instructions: [www.qualityforum.org/pdf/ambulatory/txYAHCSALL\(onepager&specs&survey\)03-23-07.pdf](http://www.qualityforum.org/pdf/ambulatory/txYAHCSALL(onepager&specs&survey)03-23-07.pdf)

Survey Instrument Available at Measure Developer/Instrument Web Site:

www.cahmi.org/pages/Sections.aspx?section=9

www.ahrq.gov/ctoolbx/measure7.htm

Domains: Eight measures of quality care can be gathered and scored using YAHCS:

- Preventive screening and counseling on risky behaviors
- Preventive screening and counseling on sexual activity and STDs
- Preventive screening and counseling on weight, healthy diet, and exercise
- Preventive screening and counseling on emotional health and relationship issues
- Private and confidential care
- Helpfulness of counseling
- Communication and experience of care (derived from Draft Adolescent CAHPS)
- Health information

Number of Questions: 54 items

Reporting: YAHCS data have been used for quality improvement at the health plan, state Medicaid agency, and national levels.

Level of Analysis: Health plan, state, national

MEASURE SPECIFICATIONS – ADMINISTRATION

Sampling Specifications: Administered to adolescents having a qualifying healthcare visit (ICD and CPT codes provided) ensuring 35-50 completed surveys per provider or a minimum of 150 per health plan if overall scores are desired only (more if subgroup measurement and comparison is desired)

Survey Administration: Survey can be administered by mail or phone; detailed sampling and administrative instructions with sample letters are available from CAHMI and on AHRQ's ChildHealth Toolbox web site.

Scoring Instructions: Scoring methods are published and available from CAHMI and on AHRQ's ChildHealth Toolbox web site.

Reporting Instructions: Reporting templates are available from CAHMI and on AHRQ's ChildHealth Toolbox and the National Quality Measures Clearinghouse web sites.

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Appendix B

Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers

This appendix presents the detailed specifications of the national voluntary consensus standards for ambulatory surgical centers.

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Surgical Centers

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
PATIENT BURN	ASC QC	Ambulatory Surgical Center (ASC) admissions experiencing a burn prior to discharge.	All ASC admissions.	None.	ASC operational data, including administrative records, medical records, incident/ occurrence reports, and quality improvement reports.
PROPHYLACTIC INTRAVENOUS ANTIBIOTIC TIMING	ASC QC	Number of ASC admissions with an order for a prophylactic intravenous (IV) antibiotic for prevention of surgical site infections who received the prophylactic antibiotic on time.	All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infections (e.g., bacterial endocarditis).	ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infections (e.g., bacterial endocarditis).	ASC operational data, including administrative records, medical records, incident/ occurrence reports, and quality improvement reports.
HOSPITAL TRANSFER/ ADMISSION	ASC QC	ASC admissions requiring a hospital transfer or hospital admission prior to being discharged from the ASC.	All ASC admissions.	None.	ASC operational data, including administrative records, medical records, incident/ occurrence reports, and quality improvement reports. (more)

¹ Intellectual Property (IP) owner. Specifications as of November 2007. For the most current specifications and supporting information please refer to the IP owner.

ACS - American College of Surgeons (www.facs.org)

AMA/PCPI - American Medical Association Physician Consortium for Performance Improvement (www.physicianconsortium.org)

ASC QC - Ambulatory Surgical Centers Quality Collaboration (www.asquality.org)

NCQA - National Committee for Quality Assurance (www.ncqa.org)

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
PATIENT FALL	ASC QC	ASC admissions experiencing a fall in the ASC.	All ASC admissions.	ASC admissions experiencing a fall outside the ASC.	ASC operational data, including administrative records, medical records, incident/occurrence reports, and quality improvement reports.
WRONG SITE, WRONG SIDE, WRONG PATIENT, WRONG PROCEDURE, WRONG IMPLANT	ASC QC	ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant.	All ASC admissions.	None.	ASC operational data, including administrative records, medical records, incident/occurrence reports, and quality improvement reports.
TIMING OF PROPHYLACTIC ANTIBIOTICS, ORDERING PHYSICIAN	ACS AMA PCPI NCQA ²	Surgical patients who have an order for a prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).	All surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics Electronic Electronic data collection requires users to identify the eligible population (denominator) and start of procedure when no incision is required.	Documentation of medical reason(s) for not ordering antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required). Denominator Exclusions Data sources used will depend on implementation and approach. The electronic data option requires (more)	Data sources used will depend on implementation and approach. The electronic data option requires (more)

² Physician Performance Measures (Measures) and related data specifications, developed by the American Medical Association (AMA) in collaboration with the Physician Consortium for Performance Improvement (the Consortium) and the National Committee for Quality Assurance (NCQA) pursuant to government sponsorship under subcontract 6205-05-054 with Mathematica Policy Research, Inc. under contract 50-00-0033 with the Centers for Medicare & Medicaid Services.

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Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
TIMING OF PROPHYLACTIC ANTIBIOTICS, ORDERING PHYSICIAN <i>continued</i>		<p>Instructions: There must be documentation of order (written order, verbal order, or standing order/protocol) specifying that antibiotic is to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required) OR documentation that antibiotic has been given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p> <p>The antimicrobial drugs listed below are considered prophylactic antibiotics for the purposes of this measure:</p> <ul style="list-style-type: none"> ■ Ampicillin/sulbactam ■ Aztreonam ■ Cefazolin ■ Cefmetazole ■ Cefotetan ■ Cefoxitin ■ Cefuroxime ■ Ciprofloxacin ■ Clindamycin ■ Ertapenem ■ Erythromycin base ■ Gatifloxacin ■ Gentamicin ■ Levofloxacin ■ Metronidazole ■ Moxifloxacin ■ Neomycin ■ Vancomycin 	<p>numerator using electronic data (also referred to as “administrative data”). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.</p> <p>Denominator</p> <p>CPT Procedure Codes and patient demographics (age, etc.) are used to determine patients that are included in the measure.</p> <p>CPT Procedure Codes</p> <p>Integumentary: 15734, 15738, 19260, 19271, 19272, 19301-19307, 19361, 19364, 19366-19369</p> <p>Le Fort Fractures: 21422, 21423, 21346-21348, 21432, 21433, 21435, 21436</p> <p>Mandibular Fracture: 21454, 21461, 21462, 21465, 21470</p> <p>Spine: 22335, 22612, 22630, 22800, 22802, 22804, 63030, 63042</p> <p>Hip Reconstruction: 27125, 27130, 27132, 27134, 27137, 27138</p> <p>Trauma (Fractures): 27235, 27236, 27244, 27245, 27758, 27759, 27766, 27792, 27814</p> <p>Knee Reconstruction: 27440-27443, 27445-27447</p> <p>Laryngectomy: 31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395</p> <p>Vascular: 33877, 33880, 33881, 33883, 33886, 33891, 34800, 34802, 34805, 34825, 34830-34832, 34900, 35081, 35091, 35102, 35131, 35141, 35151, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35633-35638, 35642, 35645-35647, 35650, 35651, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 36830</p>	<p>Exclude patients for whom prophylactic antibiotics were not ordered by reason of appropriate denominator exclusions.</p> <p>If using electronic data, exclude patients using the following code:</p> <p>Append a modifier (1P) to the CPT Category II Code to report patients with documented circumstances that meet the denominator exclusion criteria.</p> <ul style="list-style-type: none"> ■ 1P: Documentation of medical reason(s) for not ordering antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required). <p>If using the medical record or hybrid methodologies, exclude patients who have documentation in the medical record of medical reason(s) for not ordering antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p> <p>If using the EHR methodology, exclude patients using the codes listed in the electronic data collection methodology or who have documentation in the medical record of the appropriate denominator exclusion.</p>	<p>use of data that is capable of being analyzed by computer including patient demographics, claims, or encounter data for visits and procedures. The medical record option requires a manual or electronically coded data for visits or encounters to determine the sample, and access to either written or electronic medical records to both confirm information in the sampling framework for the denominator and for determination of the numerator.</p> <p>As noted in the measure description, those practices that have an electronic health records system can use (more)</p>

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
TIMING OF PROPHYLACTIC ANTIBIOTICS, ORDERING PHYSICIAN <i>continued</i>		<p>Numerator CPT Category II Codes are used to report the numerator of the measure.</p> <ul style="list-style-type: none"> ■ If reporting CPT Category II Codes, submit the listed ICD-9, CPT E&M Service Codes, and the appropriate CPT Category II Code. <p>Identify patients with documentation of order for prophylactic antibiotic.</p> <ul style="list-style-type: none"> ■ CPT II 4047F: Documentation of order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required). <p>Or</p> <p>documentation that prophylactic antibiotic has been given within one hour prior to the surgical incision (or start of procedure when no incision is required)</p> <ul style="list-style-type: none"> ■ CPT II 4048F: Documentation that prophylactic antibiotic was given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required). 	<p>Spleen and Lymph Nodes: 38115 Glossectomy: 41130, 41135, 41140, 41145, 41150, 41153, 41155 Esophagus: 43045, 43100, 43101, 43107, 43108, 43112, 43113, 43116-43118, 43121-43124, 43130, 43135, 43305, 43310, 43312, 43313, 43320, 43324-43326, 43330, 43331, 43340, 43341, 43350, 43351, 43352, 43360, 43361, 43400, 43401, 43405, 43410, 43415, 43420, 43425, 43496 Stomach: 43350-43502, 43510, 43520, 43600, 43605, 43610, 43611, 43620-43622, 43631-43634, 43640, 43641, 43653, 43800, 43810, 43820, 43825, 43830-43832, 43840, 43842, 43843, 43845-43848, 43850, 43855, 43860, 43865, 43870 Small Intestine: 44005, 44010, 44020, 44021, 44050, 44055, 44100, 44120, 44125-44127, 44130, 44132, 44133, 44135, 44136 Colon and Rectum: 43880, 44025, 44110, 44111, 44140, 44141, 44143-44147, 44150, 44151, 44155-44158, 44160, 44202, 44204-44208, 44210-44212, 44330, 44310, 44312, 44314, 44316, 44320, 44322, 44340, 44345, 44346, 44602-44605, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44700, 44950, 51397 Anus and Rectum: 45108, 45110-45114, 45116, 45119-45121, 45123, 45126, 45130, 45135, 45136, 45150, 45160, 45170, 45190, 45500, 45505, 45520, 45540, 45541, 45550, 45560, 45562, 45563, 45800, 45805, 45820, 45825 Hepatic Surgery: 47133, 47135, 47136, 47140-47142</p>		<p>either electronic or medical record approach but include all eligible patients, rather than a sample, in both the denominator and numerator.</p>

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Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
TIMING OF PROPHYLACTIC ANTIBIOTICS, ORDERING PHYSICIAN <i>continued</i>		<p>Manual Abstraction Manual abstraction of data elements from patient records (hard-copy charts) constitutes medical record data collection.</p> <p>Surgical patients who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p> <p>Hybrid Users should follow the requirements of electronic data collection, select a sample of patients, and then supplement the electronic data where needed with medical record abstraction of data elements to fulfill measure reporting requirements.</p> <p>Electronic Health Records Surgical patients who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p> <p>EHR users may opt to use the codes listed in the electronic data collection methodology to identify surgical patients who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p>	<p>Biliary Surgery: 47420, 47425, 47460, 47480, 47560, 47561, 47570, 47600, 47605, 47610, 47612, 47620, 47700, 47701, 47711, 47712, 47715, 47719, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47802, 47900</p> <p>Pancreas: 48020, 48100, 48120, 48140, 48145, 48146, 48148, 48150, 48152-48155, 48160, 48500, 48510, 48511, 48520, 48540, 48545, 48547, 48548, 48550, 48554, 48556</p> <p>Abdomen, Peritoneum, and Omentum: 49215, 49568</p> <p>Renal Transplant: 50300, 50320, 50340, 50360, 50365, 50370, 50380</p> <p>Gynecologic Surgery: 58150, 58152, 58180, 58200, 58210, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294</p> <p>Acoustic Neuroma: 61591, 61595, 61596, 61598, 61520, 61526, 61530, 61606, 61616, 61618, 61619, 69720, 69955, 69960, 69970</p> <p>Cochlear Implants: 69930</p> <p>Neurological Surgery: 22524, 22554, 22558, 22600, 22612, 22630, 35301, 61154, 61312, 61313, 61315, 61510, 61512, 61518, 61548, 61697, 61700, 61750, 61751, 61867, 62223, 62230, 63015, 63020, 63030, 63042, 63045, 63047, 63056, 63075, 63081, 63267, 63276</p> <p>Cardiothoracic Surgery: 33120, 33130, 33140, 33141, 33202, 33250, 33251, 33256, 33261, 33305, 33315, 33321, 33322, 33332, 33335, 33400, 33401, 33403-33406, 33410, 33411, 33413, 33416, 33422, 33425-33427, 33430, 33460, 33463-33465, 33475, 33496, 33510-33519, 33521-33523, 33530, 33533-33536, 33542, 33545, 33548, 33572, 35021, 35211, 35216, 35241, 35246, 35271, 35276, 35311</p>		

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Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
TIMING OF PROPHYLACTIC ANTIBIOTICS, ORDERING PHYSICIAN <i>continued</i>			<p>Cardiothoracic (Pacemaker): 33203, 33206-33208, 33212-33218, 33220, 33222-33226, 33233-33238, 33240, 33241, 33243, 33244, 33249, 33254, 33255</p> <p>Genitourinary Surgery: 51550, 51555, 51565, 51570, 51575, 51580, 51585, 51590, 51595, 51596, 51920, 51925, 52450, 52601, 52612, 52614, 52620, 52630, 52647, 52648, 54401, 54405, 54406, 54408, 54410, 54415, 54416, 55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845</p> <p>General Thoracic Surgery: 19272, 21627, 21632, 21740, 21750, 21805, 21825, 311760, 311770, 31775, 31786, 31805, 32005, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32175, 32220, 32225, 32310, 32320, 32402, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32491, 32500, 32501, 32800, 32810, 32815, 32900, 32905, 32906, 32940, 33020, 33025, 33030, 33031, 33050, 33300, 33310, 33320, 34051, 35021, 35216, 35246, 35276, 35311, 35381, 35526, 37616, 38381, 38746, 38747, 39000, 39010, 39200, 39220, 39545, 39561, 60521, 60522, 64746.</p> <p>Manual Abstraction Manual abstraction of data elements from patient records (hard-copy charts) constitutes medical record data collection.</p> <p>Denominator All surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics. Physicians are encouraged to review data on all patients. Sample sizes may be defined by different implementers.</p>	(more)	

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
TIMING OF PROPHYLACTIC ANTIBIOTICS, ORDERING PHYSICIAN <i>continued</i>			<p>Hybrid Users should follow the requirements of electronic data collection, select a sample of patients, and then supplement the electronic data where needed with medical record abstraction of data elements to fulfill measure reporting requirements.</p> <p>Electronic Health Record All surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics.</p> <p>EHR users may opt to use the codes listed in the electronic data collection methodology to identify all surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics.</p>	<p>None.</p>	<p>Data sources used will depend on implementation and approach. The electronic data option requires use of data that is capable of being analyzed by computer including patient demographics, claims, or encounter data for visits and procedures. The medical record option requires manual or electronically coded (more)</p>
TIMING OR PROPHYLACTIC ANBIOTICS, ADMINISTERING PHYSICIAN	ACS AMA PCPI NCQA ²	<p>Surgical patients for whom administration of a prophylactic antibiotic has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p> <p>The antimicrobial drugs listed below are considered prophylactic antibiotics for the purposes of this measure:</p> <ul style="list-style-type: none"> ■ Ampicillin/sulbactam ■ Aztreonam ■ Cefazolin ■ Cefmetazole ■ Cefotetan ■ Cefoxitin ■ Cefuroxime ■ Ciprofloxacin ■ Clindamycin 	<p>All surgical patients aged 18 years and older who have an order for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p> <p>Instructions: For denominator inclusion, there must be documentation of order (written order, verbal order, or standing order/protocol) specifying that prophylactic parenteral antibiotic is to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p> <p>Electronic Electronic data collection requires users to identify the eligible population (denominator) and numerator using electronic data (also referred to as “administrative data”). Users report a rate based on all patients in a given practice for whom</p>		

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
TIMING OR PROPHYLACTIC ANBIOTICS, ADMINISTERING PHYSICIAN <i>continued</i>		<ul style="list-style-type: none"> ■ Ertapenem ■ Erythromycin base ■ Gatifloxacin ■ Gentamicin ■ Levofloxacin ■ Metronidazole ■ Moxifloxacin ■ Neomycin ■ Vancomycin <p>Electronic Electronic data collection requires users to identify the eligible population (denominator) and numerator using electronic data (also referred to as "administrative data"). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.</p> <p>Numerator CPT Category II Codes are used to report the numerator of the measure.</p> <ul style="list-style-type: none"> ■ If reporting CPT Category II Codes, submit the listed ICD-9, CPT E&M Service Codes, and the appropriate CPT Category II Code. ■ Identify patients with documentation of administration of prophylactic antibiotic. ■ CPT II 4048F: Documentation that prophylactic antibiotic was given within one hour (if fluoroquinolone or vancomycin two hours) prior to surgical incision (or start of procedure when no incision is required). 	<p>Denominator A CPT Category II Code and patient demographics (age, etc.) are used to determine patients that are included in the measure.</p> <p>A CPT Category II Code to identify patients who have an order for a parenteral antibiotic is required for denominator inclusion.</p> <ul style="list-style-type: none"> ■ CPT II 4047F: Documentation of order for prophylactic antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required). <p>Manual Abstraction Manual abstraction of data elements from patient records (hard-copy charts) constitutes medical record data collection.</p> <p>Denominator All surgical patients aged 18 years and older who have an order for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required). Physicians are encouraged to review data on all patients. Sample sizes may be defined by different implementers.</p> <p>Hybrid Users should follow the requirements of electronic data collection, select a sample of patients, and then supplement the electronic data where needed with medical record abstraction of data elements to fulfill measure reporting requirements.</p>	<p>Exclusions data are available and who meet the eligible population/denominator criteria.</p> <p>Denominator A CPT Category II Code and patient demographics (age, etc.) are used to determine patients that are included in the measure.</p> <p>A CPT Category II Code to identify patients who have an order for a parenteral antibiotic is required for denominator inclusion.</p> <ul style="list-style-type: none"> ■ CPT II 4047F: Documentation of order for prophylactic antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required). <p>Manual Abstraction Manual abstraction of data elements from patient records (hard-copy charts) constitutes medical record data collection.</p> <p>Denominator All surgical patients aged 18 years and older who have an order for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required). Physicians are encouraged to review data on all patients. Sample sizes may be defined by different implementers.</p> <p>Hybrid Users should follow the requirements of electronic data collection, select a sample of patients, and then supplement the electronic data where needed with medical record abstraction of data elements to fulfill measure reporting requirements.</p>	<p>Data Source data for visits or encounters to determine the sample, and access to either written or electronic medical records to both confirm information in the sampling framework for the denominator and for determination of the numerator. As noted in the measure description, those practices that have an electronic health records system can use either electronic or medical record approach but include all eligible patients, rather than a sample, in both the denominator and numerator.</p>

(more)

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
TIMING OR PROPHYLACTIC ANBIOTICS, ADMINISTERING PHYSICIAN <i>continued</i>		<p>Manual Abstraction Manual abstraction of data elements from patient records (hard-copy charts) constitutes medical record data collection.</p> <p>Surgical patients for whom administration of a prophylactic antibiotic has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p> <p>Hybrid Users should follow the requirements of electronic data collection, select a sample of patients, and then supplement the electronic data where needed with medical record abstraction of data elements to fulfill measure reporting requirements.</p> <p>Electronic Health Record Surgical patients for whom administration of a prophylactic antibiotic has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p> <p>EHR users may opt to use the codes listed in the electronic data collection methodology to identify surgical patients for whom administration of a prophylactic antibiotic has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p>	<p>Electronic Health Record All surgical patients aged 18 years and older who have an order for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required). EHR users may opt to use the codes listed in the electronic data collection methodology to identify all surgical patients aged 18 years and older who have an order for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).</p>		

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Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
SELECTION OF PROPHYLACTIC ANTIBIOTIC, FIRST- OR SECOND-GENERATION CEPHALOSPORIN	ACS AMA PCPI NCQA ²	<p>Surgical patients who had an order for cefazolin <i>OR</i> cefuroxime for antimicrobial prophylaxis.</p> <p>Instructions: There must be documentation of order (written order, verbal order, or standing order/protocol) for cefazolin or cefuroxime for antimicrobial prophylaxis <i>OR</i> documentation that cefazolin or cefuroxime was given.</p> <p>Acceptable First- and Second-Generation Cephalosporin Prophylactic Antibiotics</p> <ul style="list-style-type: none"> ■ First generation cephalosporin: cefazolin ■ Second-generation cephalosporin: cefuroxime. <p>Electronic</p> <p>Electronic data collection requires users to identify the eligible population (denominator) and numerator using electronic data (also referred to as "administrative data"). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.</p> <p>Denominator</p> <p>CPT Procedure Codes and patient demographics (age, etc.) are used to determine patients that are included in the measure.</p> <p>CPT Procedure Codes</p> <p>Integumentary: 15734, 15738, 19260, 19271, 19272, 19301-19307, 19361, 19364, 19366-19369</p> <p>Spine: 22325, 22612, 22630, 22800, 22802, 22804, 63030, 63042</p> <p>Hip Reconstruction: 27125, 27130, 27132, 27134, 27137, 27138</p> <p>Trauma (Fractures): 27235, 27236, 27244, 27245, 27758, 27759, 27766, 27792, 27814</p> <p>Knee Reconstruction: 27440-27443, 27445-27447</p> <p>Vascular: 33877, 33880, 33881, 33883, 33886, 33891, 34800, 34802-34805, 34825, 34830-34832, 34900, 35081, 35091, 35102, 35131, 35141, 35151, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35636-35638, 35642, 35645-35647, 35650, 35651, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 36630</p>	<p>All surgical patients aged 18 years and older undergoing procedures with the indications for a first- or second-generation cephalosporin prophylactic antibiotic.</p> <p>Electronic</p> <p>Electronic data collection requires users to identify the eligible population (denominator) and numerator using electronic data (also referred to as "administrative data"). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.</p> <p>Denominator</p> <p>CPT Procedure Codes and patient demographics (age, etc.) are used to determine patients that are included in the measure.</p> <p>CPT Procedure Codes</p> <p>Integumentary: 15734, 15738, 19260, 19271, 19272, 19301-19307, 19361, 19364, 19366-19369</p> <p>Spine: 22325, 22612, 22630, 22800, 22802, 22804, 63030, 63042</p> <p>Hip Reconstruction: 27125, 27130, 27132, 27134, 27137, 27138</p> <p>Trauma (Fractures): 27235, 27236, 27244, 27245, 27758, 27759, 27766, 27792, 27814</p> <p>Knee Reconstruction: 27440-27443, 27445-27447</p> <p>Vascular: 33877, 33880, 33881, 33883, 33886, 33891, 34800, 34802-34805, 34825, 34830-34832, 34900, 35081, 35091, 35102, 35131, 35141, 35151, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35636-35638, 35642, 35645-35647, 35650, 35651, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 36630</p>	<p>Denominator Exclusions</p> <p>Documentation of medical reason(s) for not ordering cefazolin <i>OR</i> cefuroxime for antimicrobial prophylaxis.</p> <p>Exclude patients for whom prophylactic antibiotics was not ordered by reason of appropriate denominator exclusion.</p> <p>If using electronic data, exclude patients using the following code:</p> <p>Append a modifier (1P) to the CPT Category II Code to report patients with documented circumstances that meet the denominator exclusion criteria.</p> <ul style="list-style-type: none"> ■ 1P: Documentation of medical reason(s) for not ordering cefazolin <i>OR</i> cefuroxime for antimicrobial prophylaxis. <p>If using the medical record or hybrid methodologies, exclude patients who have documentation in the medical record of medical reason(s) for not ordering cefazolin <i>OR</i> cefuroxime for antimicrobial prophylaxis</p> <p>If using the EHR methodology, exclude patients using the codes listed in the electronic data collection methodology or who have documentation in the medical record of the appropriate denominator exclusion.</p>	<p>Data sources used will depend on implementation and approach. The electronic data option requires use of data that is capable of being analyzed by computer including patient demographics, claims, or encounter data for visits and procedures. The medical record option requires manual or electronically coded data for visits or encounters to determine the sample, and access to either written or electronic medical records to both confirm information in the sampling framework for the denominator and for determination of the numerator.</p> <p>As noted in the measure (more)</p>

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
SELECTION OF PROPHYLACTIC ANTIBIOTIC, FIRST- OR SECOND- GENERATION CEPHALOSPORIN <i>continued</i>		<p><i>Note:</i> CPT Category II Code 4041F is provided for antibiotic <i>ordered</i> or antibiotic <i>given</i>. Report CPT Category II Code 4041F if cefazolin <i>OR</i> cefuroxime was given for antimicrobial prophylaxis.</p> <p>Manual Abstraction Manual abstraction of data elements from patient records (hard-copy charts) constitutes medical record data collection.</p> <p>Surgical patients who had an order for cefazolin <i>OR</i> cefuroxime for antimicrobial prophylaxis.</p> <p>Hybrid Users should follow the requirements of electronic data collection, select a sample of patients, and then supplement the electronic data where needed with medical record abstraction of data elements to fulfill measure reporting requirements.</p> <p>Electronic Health Record Surgical patients who had an order for cefazolin <i>OR</i> cefuroxime for antimicrobial prophylaxis. EHR users may opt to use the codes listed in the electronic data collection methodology to identify surgical patients who had an order for cefazolin <i>OR</i> cefuroxime for antimicrobial prophylaxis.</p>	<p>Spleen and Lymph Nodes: 38115 Esophagus: 43045, 43100, 43101, 43107, 43108, 43112, 43113, 43116-43118, 43121-43124, 43130, 43135, 43300, 43305, 43310, 43312, 43313, 43320, 43324-43326, 43330, 43331, 43340, 43341, 43350, 43351, 43352, 43360, 43361, 43400, 43401, 43405, 43410, 43415, 43420, 43425, 43496</p> <p>Stomach: 43300-43302, 43350, 43350-43360, 43605, 43610, 43611, 43620-43622, 43631-43634, 43640, 43641, 43653, 43800, 43810, 43820, 43825, 43830-43832, 43840, 43842, 43843, 43845-43848, 43850, 43855, 43860, 43865, 43870</p> <p>Small Intestine: 44005, 44010, 44020, 44021, 44050, 44055, 44100, 44120, 44125-44127, 44130, 44132, 44133, 44135, 44136</p> <p>Biliary Surgery: 47420, 47425, 47460, 47480, 47560, 47561, 47570, 47600, 47605, 47610, 47612, 47620, 47700, 47701, 47711, 47712, 47715, 47719-47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47802, 47900</p> <p>Pancreas: 48020, 48100, 48120, 48140, 48145, 48146, 48148, 48150, 48152-48155, 48160, 48500, 48510, 48511, 48520, 48540, 48545, 48547, 48548, 48550, 48554, 48556</p> <p>Abdomen, Peritoneum, & Omentum: 49215, 49568 Renal Transplant: 50300, 50320, 50340, 50360, 50365, 50370, 50380</p> <p>Neurological Surgery: 22524, 22554, 22558, 22600, 22612, 22630, 35301, 61154, 61312, 61313, 61315, 61510, 61512, 61518, 61548, 61697, 61700, 61750, 61751, 61867, 62223, 62230, 63015, 63020, 63030, 63042, 63045, 63047, 63056, 63075, 63081, 63267, 63276</p>	<p>description, those practices that have an electronic health records system can use either electronic or medical record approach but include all eligible patients, rather than a sample, in both the denominator and numerator.</p>	(more)

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
SELECTION OF PROPHYLACTIC ANTIBIOTIC, FIRST- OR SECOND-GENERATION CEPHALOSPORIN <i>continued</i>			<p>Cardiothoracic Surgery: 33120, 33130, 33140, 33141, 33202, 33250, 33251, 33256, 33261, 33305, 33315, 33321, 33322, 33335, 33400, 33401, 33403-33406, 33410, 33411, 33413, 33416, 33422, 33425-33427, 33430, 33460, 33463-33465, 33475, 33496, 33510-33519, 33521-33523, 33530, 33533-33536, 33542, 33545, 33548, 33572, 35021, 35211, 35216, 35241, 35246, 35271, 35276, 35311</p> <p>General Thoracic Surgery: 19272, 21627, 21632, 21740, 21750, 21805, 21825, 31170, 31176, 311770, 31775, 31786, 31805, 32095, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32215, 32220, 32225, 32310, 32320, 32402, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32491, 32500, 32501, 32800, 32810, 32815, 32900, 32905, 32906, 32940, 33020, 33025, 33030, 33031, 33050, 33300, 33310, 33320, 34051, 35021, 35216, 35246, 35276, 35311, 35481, 35526, 37616, 38381, 38746, 38747, 39000, 39010, 39200, 39220, 39545, 39561, 60521, 60522, 64746.</p> <p>Manual Abstraction Manual abstraction of data elements from patient records (hard-copy charts) constitutes medical record data collection.</p> <p>Denominator All surgical patients aged 18 years and older undergoing procedures with the indications for a first- or second-generation cephalosporin prophylactic antibiotic.</p> <p>Physicians are encouraged to review data on all patients. Sample sizes may be defined by different implementers.</p>		(more)

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
SELECTION OF PROPHYLACTIC ANTIBOTIC, FIRST- OR SECOND- GENERATION CEPHALOSPORIN <i>continued</i>			<p>Hybrid Users should follow the requirements of electronic data collection, select a sample of patients, and then supplement the electronic data where needed with medical record abstraction of data elements to fulfill measure reporting requirements.</p> <p>Electronic Health Record All surgical patients aged 18 years and older undergoing procedures with the indications for a first- or second-generation cephalosporin prophylactic antibiotic.</p> <p>EHR users may opt to use the codes listed in the electronic data collection methodology to identify all surgical patients aged 18 years and older undergoing procedures with the indications for a first- or second-generation cephalosporin prophylactic antibiotic.</p>		<p>Data sources used will depend on implementation and approach. The electronic data option requires use of data that is capable of being analyzed by computer including patient demographics, claims, or encounter data for visits and procedures. The medical record (more)</p>
DISCONTINUATION OF PROPHYLACTIC ANTIBIOTICS (NON-CARDIAC PROCEDURES)	ACS AMA PCPI NCQA ²		<p>Non-cardiac surgical patients who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time.</p> <p>Instructions: There must be documentation of order (written order, verbal order, or standing order/protocol) specifying that prophylactic antibiotic is to be discontinued within 24 hours of surgical end time <i>OR</i> specifying a course of antibiotic administration limited to that 24-hour period (e.g., “to be given every 8 hours for three doses”) <i>OR</i> documentation that prophylactic antibiotic was discontinued within 24 hours of surgical end time.</p> <p>Electronic Electronic data collection requires users to identify the eligible population (denominator) and numerator using electronic data (also referred to as “administrative data”). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.</p> <p>Electronic Electronic data collection requires users to identify the eligible population (denominator) and numerator using electronic data (also referred</p>	<p>Denominator Exclusions Documentation of medical reason(s) for not discontinuing prophylactic antibiotics within 24 hours of surgical end time.</p> <p>Exclude patients for whom prophylactic antibiotics was not ordered by reason of appropriate denominator exclusion.</p> <p>If using electronic data, exclude patients using the following code: Append a modifier (1P) to the CPT Category II Code to report patients with documented circumstances that meet the denominator exclusion criteria.</p> <ul style="list-style-type: none"> ■ 1P: Documentation of medical reason(s) for not discontinuing prophylactic antibiotics within 24 hours of surgical end time. 	

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
DISCONTINUATION OF PROPHYLACTIC ANTIBIOTICS (NON-CARDIAC PROCEDURES) <i>continued</i>		<p>to as "administrative data". Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.</p> <p>Numerator</p> <p>CPT Category II Codes are used to report the numerator of the measure:</p> <ul style="list-style-type: none"> ■ If reporting CPT Category II Codes, submit the listed ICD-9, CPT E&M Service Codes, and the appropriate CPT Category II Code. <p>Identify patients with documentation of order for discontinuation of prophylactic antibiotics (written order, verbal order or standing order/protocol) within 24 hours of surgical end time:</p> <ul style="list-style-type: none"> ■ CPT II 4049F: Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure. <p><i>Note: CPT Category II Code 4049F is provided for documentation that antibiotic discontinuation was ordered or that antibiotic discontinuation was accomplished. Report CPT Category II Code 4049F if antibiotics were discontinued within 24 hours.</i></p> <p>Manual Abstraction</p> <p>Manual abstraction of data elements from patient records (hard-copy charts) constitutes medical record data collection.</p> <p>Non-cardiac surgical patients who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time.</p>	<p>Denominator</p> <p>CPT Procedure Codes and patient demographics (age, etc.) are used to determine patients that are included in the measure.</p> <ul style="list-style-type: none"> ■ CPT II 4046F: Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively; ■ CPT II 4042F: Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively; <p>AND</p> <p>CPT Procedure Codes</p> <p>Integumentary: 15734, 15738, 19260, 19271, 19272, 19301-19307, 19361, 19364, 19366-19369</p> <p>LeFort Fractures: 21422, 21423, 21346-21348, 21432, 21433, 21435, 21436</p> <p>Mandibular Fracture: 21454, 21461, 21462, 21465, 21470</p> <p>Spine: 22325, 22612, 22630, 22800, 22802, 22804, 63130, 631042</p> <p>Hip Reconstruction: 27125, 27130, 27132, 27134, 27137, 27138</p> <p>Trauma (Fractures): 27235, 27236, 27244, 27245, 27758, 27759, 27766, 27792, 27814</p> <p>Knee Reconstruction: 27440-27443, 27445-27447</p> <p>Laryngectomy: 31360, 31365, 31367, 31368,</p> <p>Vascular: 33877, 33880, 33881, 33883, 33886, 33891, 34800, 34802-34805, 34825, 34830-34832, 34900, 35081, 35091, 35102, 35131, 35141, 35151,</p>	<p>If using the medical record or hybrid methodologies, exclude patients who have documentation in the medical record of medical reason(s) for not discontinuing prophylactic antibiotics within 24 hours of surgical end time.</p> <p>If using the EHR methodology, exclude patients using the codes listed in the electronic data collection methodology or who have documentation in the medical record of the appropriate denominator exclusion.</p>	<p>option requires manual or electronically coded data for visits or encounters to determine the sample, and access to either written or electronic medical records to both confirm information in the sampling framework for the denominator and for determination of the numerator.</p> <p>As noted in the measure description, those practices that have an electronic health records system can use either electronic or medical record approach but include all eligible patients, rather than a sample, in both the denominator and numerator.</p> <p>(more)</p>

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
DISCONTINUATION OF PROPHYLACTIC ANTIBIOTICS (NON-CARDIAC PROCEDURES) <i>continued</i>		<p>Hybrid Users should follow the requirements of electronic data collection, select a sample of patients, and then supplement the electronic data where needed with medical record abstraction of data elements to fulfill measure reporting requirements.</p> <p>Electronic Health Record Non-cardiac surgical patients who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time. EHR users may opt to use the codes listed in the electronic data collection methodology to identify non-cardiac surgical patients who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time.</p>	<p>Glossectomy: 41130, 41135, 41140, 41145, 41150, 41153, 41155</p> <p>Esophagus: 43045, 43100, 43101, 43107, 43108, 43112, 43113, 43116-43118, 43121-43124, 43130, 43135, 43305, 43310, 43312, 43313, 43320, 43324-43326, 43330, 43331, 43340, 43341, 43350, 43351, 43352, 43360, 43361, 43340, 433401, 433405, 43410, 43415, 43420, 43425, 43496</p> <p>Stomach: 43350-43352, 43510, 43520, 43600, 43605, 43610, 43611, 43620-43622, 43631-43634, 43640, 43641, 43653, 43800, 43810, 43820, 43825, 43830-43832, 43840, 43842, 43843, 43845-43848, 43850, 43855, 43860, 43865, 43870</p> <p>Small Intestine: 44005, 44010, 44020, 44021, 44050, 44055, 44100, 44120, 44125-44127, 44130, 44132, 44133, 44135, 44136</p> <p>Colon and Rectum: 43880, 44025, 44110, 44111, 44140, 44141, 44143-44147, 44150, 44151, 44155-44158, 44160, 44202, 44204-44208, 44210-44212, 44230, 44310, 44312, 44314, 44316, 44320, 44322, 44340, 44345, 44346, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44700, 44950, 51597</p> <p>Anus and Rectum: 45108, 45110-45114, 45116, 45119-45121, 45123, 45126, 45130, 45135, 45136, 45150, 45160, 45170, 45190, 45500, 45505, 45520, 45540, 45541, 45550, 45560, 45562, 45563, 45800, 45805, 45820, 45825</p>		(more)

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
DISCONTINUATION OF PROPHYLACTIC ANTIBIOTICS (NON-CARDIAC PROCEDURES) <i>continued</i>			Biliary Surgery: 47420, 47425, 47460, 47480, 47560, 47561, 47570, 47600, 47605, 47610, 47612, 47620, 47700, 47701, 47711, 47712, 47715, 47719, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47802, 47900 Pancreas: 48020, 48100, 48120, 48140, 48145, 48146, 48148, 48150, 48152-48155, 48160, 48500, 48510, 48511, 48520, 48540, 48545, 48547, 48548, 48550, 48554, 48556 Abdomen, Peritoneum, & Omentum: 49215, 49368 Renal Transplant: 50300, 50320, 50340, 50350, 50365, 50370, 50380 Gynecologic Surgery: 58150, 58152, 58180, 58200, 58210, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294 Acoustic Neuroma: 61591, 61595, 61596, 61598, 61520, 61526, 61530, 61606, 61616, 61618, 61619, 69720, 69955, 69960, 69970 Cochlear Implants: 69930 Neurological Surgery: 22524, 22554, 22558, 22600, 22612, 22630, 35301, 61154, 61312, 61313, 61315, 61510, 61512, 61518, 61548, 61697, 61700, 61750, 61751, 61867, 62223, 62230, 63015, 63020, 63330, 63042, 63045, 63047, 63056, 63075, 63081, 63267, 63276 Cardiothoracic (Pacemaker): 33203, 33206-33208, 33212-33218, 33220, 33222-33226, 33233-33238, 33240, 33241, 33243, 33244, 33249, 33254, 33255		(more)

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
DISCONTINUATION OF PROPHYLACTIC ANTIBIOTICS (NON-CARDIAC PROCEDURES) <i>continued</i>			<p>General Thoracic Surgery: 19277, 21627, 21632, 21740, 21750, 21805, 21825, 31760, 31766, 31770, 31775, 31786, 31805, 32095, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32175, 32220, 32225, 32310, 32320, 32402, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32491, 32500, 32501, 32800, 32810, 32815, 32900, 32905, 32906, 32940, 33020, 33025, 33030, 33031, 33050, 33300, 33310, 33320, 34051, 35021, 35216, 35246, 35276, 35311, 35481, 35526, 37616, 38381, 38746, 38747, 39000, 39010, 39200, 39220, 39545, 39561, 60521, 60522, 64746.</p> <p>Manual Abstraction Manual abstraction of data elements from patient records (hard-copy charts) constitutes medical record data collection.</p> <p>Denominator All non-cardiac surgical patients undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic.</p> <p>Physicians are encouraged to review data on all patients. Sample sizes may be defined by different implementers.</p> <p>Hybrid Users should follow the requirements of electronic data collection, select a sample of patients, and then supplement the electronic data where needed with medical record abstraction of data elements to fulfill measure reporting requirements.</p> <p>Electronic Health Record All non-cardiac surgical patients undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic.</p>		(more)

Appendix B – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Ambulatory Surgical Centers (continued)

Measure	IP Owner ¹	Numerator	Denominator	Exclusions	Data Source
DISCONTINUATION OF PROPHYLACTIC ANTIBIOTICS (NON-CARDIAC PROCEDURES) <i>continued</i>			EHR users may opt to use the codes listed in the electronic data collection methodology to identify all non-cardiac surgical patients undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic.		

NATIONAL QUALITY FORUM

Appendix C

Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Measuring Healthcare Disparities (Local Approach)

The disparities-sensitive consensus standards include 14 Agency for Healthcare Research and Quality Prevention Quality Indicators (PQIs). The detailed specifications for the PQIs are presented in this appendix.

Appendix C – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Measuring Healthcare Disparities (Local Approach)

Measure	Measure Use	IP Owner	Numerator	Denominator	Exclusions
DIABETES, SHORT-TERM COMPLICATIONS (PQI 1)	This measure is used to assess the number of admissions for diabetes short-term complications per 100,000 population.	AHRQ ¹	All non-maternal/ non-neonatal discharges age 18 years and older with ICD-9-CM Principal Diagnosis Code for short-term complications (ketacidosis, hyperosmolarity, coma).	Population in Metro Area or county, age 18 years and older.	Exclude cases: ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates).
PERFORATED APPENDICITIS (PQI 2)	This measure is used to assess the number of admissions for perforated appendix per 100 admissions for appendicitis within Metro Area or county.	AHRQ ¹	Discharges with ICD-9-CM Diagnosis Code for perforations or abscesses of appendix in any field.	Number of discharges with diagnosis code for appendicitis in any field in MSA or county.	Exclude cases: ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates).
DIABETES, LONG-TERM COMPLICATIONS (PQI 3)	This measure is used to assess the number of admissions for long-term diabetes complications per 100,000 population.	AHRQ ¹	Discharges age 18 years and older with ICD-9-CM Principal Diagnosis Code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) (see below).	Population in Metro Area or county, age 18 years and older.	Exclude cases: ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates).
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) (PQI 5)	This measure is used to assess the number of admissions for COPD per 100,000 population.	AHRQ ¹	All non-maternal discharges of age 18 years and older with ICD-9-CM Principal Diagnosis Code for COPD.	Population in Metro Area or county, age 18 years and older.	Exclude cases: ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates).

¹These measures are in the public domain and maintained by the Agency for Healthcare Research and Quality. They can be found at www.qualityindicators.ahrq.gov. Specifications as of November 2007.

(more)

**Appendix C – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Measuring Healthcare Disparities
(Local Approach) (continued)**

Measure	Measure Use	IP Owner	Numerator	Denominator	Exclusions
HYPERTENSION (PQI 7)	This measure is used to assess the number of admissions for hypertension per 100,000 population.	AHRQ ¹	All non-maternal discharges of age 18 years and older with ICD-9-CM Principal Diagnosis Code for hypertension.	Population in Metro Area or county, age 18 years and older.	Exclude cases: ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates) with cardiac procedure codes in any field.
CONGESTIVE HEART FAILURE (CHF) (PQI 8)	This measure is used to assess the number of admissions for CHF per 100,000 population.	AHRQ ¹	All non-maternal/nonneonatal discharges of age 18 years and older with ICD-9-CM Principal Diagnosis Code for CHF.	Population in Metro Area or county, age 18 years and older.	Exclude cases: ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates) ■ with cardiac procedure codes in any field.
LOW BIRTH WEIGHT (PQI 9)	This measure is used to assess the number of low birth weight infants per 100 births.	AHRQ ¹	Number of births with ICD-9-CM Diagnosis Codes for birth weights less than 2500 grams in any field. <i>Exclusions:</i> Transfer from other institution.	All births (discharges in MDC 15, newborns and other neonates) in Metro Area or county.	Adjustment: risk-adjusted by multivariate regression for patient sex.
DEHYDRATION (PQI 10)	This measure is used to assess the number of admissions for dehydration per 100,000 population.	AHRQ ¹	All non-maternal discharges of age 18 years and older with ICD-9-CM Principal Diagnosis Code for hypovolemia.	Population in Metro Area or county, age 18 years and older.	Exclude cases: ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates). (more)

**Appendix C – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Measuring Healthcare Disparities
(Local Approach) (continued)**

Measure	Measure Use	IP Owner	Numerator	Denominator	Exclusions
BACTERIAL PNEUMONIA (PQ 11)	This measure is used to assess the number of admissions for bacterial pneumonia per 100,000 population.	AHRQ ¹	All non-maternal discharges of age 18 years and older with ICD-9-CM Principal Diagnosis Code for bacterial pneumonia.	Population in Metro Area or county, age 18 years and older.	Exclude cases: <ul style="list-style-type: none"> ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates) ■ with diagnosis code for sickle cell anemia or HB-S disease.
URINARY INFECTIONS (PQ 12)	This measure is used to assess the number of admissions for urinary tract infection per 100,000 population.	AHRQ ¹	All non-maternal discharges of age 18 years and older with ICD-9-CM Principal Diagnosis Code of urinary tract infection.	Population in Metro Area or county, age 18 years and older.	Exclude cases: <ul style="list-style-type: none"> ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates) ■ with diagnosis code of kidney/urinary tract disorder ■ with diagnosis code of immunocompromised state ■ with immunocompromised state procedure code.
ANGINA WITHOUT PROCEDURE (PQ 13)	This measure is used to assess the number of admissions for angina (without procedures) per 100,000 population.	AHRQ ¹	All non-maternal discharges of age 18 years and older with ICD-9-CM Principal Diagnosis Code for angina.	Population in Metro Area or county, age 18 years and older.	Exclude cases: <ul style="list-style-type: none"> ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates) ■ with a code for cardiac procedure in any field. (more)

**Appendix C – Specifications of the National Voluntary Consensus Standards for Ambulatory Care: Measuring Healthcare Disparities
(Local Approach) (continued)**

Measure	Measure Use	IP Owner	Numerator	Denominator	Exclusions
UNCONTROLLED DIABETES ADMISSION RATE (PQI 14)	This measure is used to assess the number of admissions for uncontrolled diabetes among patients with diabetes per 100,000 population.	AHRQ ¹	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication.	Population in Metro Area or county, age 18 years and older.	Exclude cases: <ul style="list-style-type: none"> ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates).
ADULT ASTHMA (PQI 15)	This measure is used to assess the number of admissions for asthma in adults per 100,000 population.	AHRQ ¹	All non-maternal discharges of age 18 years and older with ICD-9-CM Principal Diagnosis Code of asthma.	Population in Metro Area or county, age 18 years and older.	Exclude cases: <ul style="list-style-type: none"> ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates) ■ with any diagnosis code of cystic fibrosis and anomalies of the respiratory system.
LOWER EXTREMITY AMPUTATIONS AMONG PATIENTS WITH DIABETES (PQI 16)	This measure is used to assess the number of admissions for lower-extremity amputation among patients with diabetes per 100,000 population.	AHRQ ¹	All non-maternal discharges of age 18 years and older with ICD-9-CM Procedure Code for lower-extremity amputation in any field and diagnosis code of diabetes in any field.	Population in Metro Area or county, age 18 years and older.	Exclude cases: <ul style="list-style-type: none"> ■ transferring from another institution (SID ASOURCE=2) ■ MDC 14 (pregnancy, childbirth, and puerperium) ■ MDC 15 (newborn and other neonates) ■ with trauma diagnosis code in any field.